

DPW

Atty. Docket No. GRA01 P422

CERTIFICATE OF MAILING	
I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.	
Date <u>10.20.06</u>	<div style="text-align: center;"> Catherine M. Updegraff </div>



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3682
 Examiner : James Pilkington
 Applicants : Robert A. De Jonge et al.
 Appln. No. : 10/820,424
 Filing Date : April 8, 2004
 Confirmation No. : 8844
 For : VEHICLE SHIFTER

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

Dear Sir:

Enclosed is a Reply Under 37 C.F.R. §1.111 to the Office Action dated July 20, 2006.
 The items checked below are appropriate:

X Applicants hereby petition for a two-month extension of time to respond to the
 above Office Action. The fee of \$450.00 for the Extension is enclosed.

Any fee for additional claims has been calculated as shown below:

10/25/2006 MGBREM1 00000013 10820424

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450.00 0P

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	170	Minus	120	= 0	x \$25	N/A	X \$ 50	\$0.00
Independent Claims	23	Minus	23	= 0	x 100	N/A	X \$200	\$0.00
First Presentation of Multiple Dependent Claims \$180						N/A	X \$360	N/A
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						N/A		\$0.00

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☐ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.

☐ No additional fee is required.

☐ A fee of _____ to cover the cost of the additional claims added by this response is enclosed.

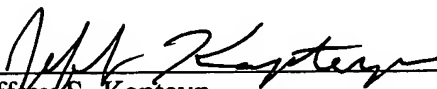
☒ A fee of \$450.00 to cover Petition for Extension of Time is enclosed.

☐ A check in the amount of _____ is enclosed to cover the above fees.

☒ Please charge any additional fees or credit overpayment to Deposit Account 16 2463.
A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
DEWITT & LITTON, LLP

Date 10/20/05



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JSK/cmu